MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-009246
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1690

FILED FEB 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED 2/16/9- — ITEM NO. — SHOULD READ — INSTEAD OF

1
2 2/16/9-
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4 1
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12 73-0
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73

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Missouri St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony's
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3520 Chippewa
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Middle Last: Sister M. Theophila Rechner
4. DATE OF DEATH: Month Day Year: February 15, 1963
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/15/89
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Appleton, Wisconsin
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Anton Rechner
13b. MOTHER'S MAIDEN NAME: Adelaide Hoffman
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Sister M. Carola 3520 Chippewa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED
IMMEDIATE CAUSE (a): Retroperitoneal Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: Unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 202.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① Arteriosclerotic Heart Disease ② Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958 to Feb 15 1963 and last saw her/him alive on Feb 15 1963
Death occurred at 3:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Henry Cooper (Degree or title): MD
22b. ADDRESS: 41 Olive St Louis Mo
22c. DATE SIGNED: 2/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-18-63
23c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cem
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Gebken Benz Mortuary ADDRESS: 2842 Meramec
25. DATE RECD. BY LOCAL REG.: FEB 16 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe D. Deng

Licensed Embalmer No. 4249

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.